



## SURVIVING SPOUSE/AGED PERSON/MINOR

|  |  |  |    |  |              |    |       |              |    |       |              |    |       |              |    |       |
|--|--|--|----|--|--------------|----|-------|--------------|----|-------|--------------|----|-------|--------------|----|-------|
| <h1 style="margin: 0;">A</h1> <p style="margin: 0;">IDENTIFICATION</p>                       | <ol style="list-style-type: none"> <li>1. Name of Record Owner _____</li> <li>2. Applicant Name _____</li> <li>3. Mailing Address _____</li> <li>4. Street address of property upon which exemption is claimed _____</li> <li>5. Street/Parcel _____</li> <li>6. Telephone _____</li> <li>7. Date of Birth _____</li> <li>8. Social Security No. ____/____/____</li> <li>9. Marital Status _____</li> </ol>  |  |    |  |              |    |       |              |    |       |              |    |       |              |    |       |
| <h1 style="margin: 0;">B</h1> <p style="margin: 0;">STATUS</p>                               | <p>Indicate Status (Check all that apply)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> <b>Surviving Spouse</b></p> <p>Spouse's Name _____</p> <p>Date of Spouse's death _____</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> <b>Minor whose parent is deceased</b></p> <p>Name of deceased parent _____</p> <p>Date of Parent's death _____</p> </div> </div> <p><input type="checkbox"/> <b>Person over 70 years of age</b></p> <p>Have you owned and occupied the property as your principal place of residence for more than 10 years prior to this application?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p style="text-align: center;"><u><b>FIRST TIME FILERS PLEASE ATTACH A COPY OF BIRTH CERTIFICATE</b></u></p>  |  |    |  |              |    |       |              |    |       |              |    |       |              |    |       |
| <h1 style="margin: 0;">C</h1> <p style="margin: 0;">ELIGIBILITY<br/>INFORMATION</p>          | <p>11. Did you own and occupy the above property as your principal residence as of July 1<sup>st</sup>?</p> <p style="text-align: center;">Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>12. Did you own any other real estate within or outside Massachusetts as of July 1<sup>st</sup>?</p> <p style="text-align: center;">Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>a. If yes, indicate the total assessed value of that property. (Attach recent tax bill)    \$ _____</p> <p>b. List any outstanding mortgage balance as of July 1<sup>st</sup>.    \$ _____</p> <p>c. List your % of ownership _____ %</p> <p>13. List all non-real estate assets as of July 1<sup>st</sup>.    <span style="float: right;">Balance as of July 1<sup>st</sup></span></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a. Amount in Bank Accounts (List institution &amp; balance in all Savings, CD's, Checking, etc.)</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 20%;"></td> </tr> <tr> <td>    Bank 1 _____</td> <td style="text-align: center;">\$</td> <td>_____</td> </tr> <tr> <td>    Bank 2 _____</td> <td style="text-align: center;">\$</td> <td>_____</td> </tr> <tr> <td>    Bank 3 _____</td> <td style="text-align: center;">\$</td> <td>_____</td> </tr> <tr> <td>    Bank 4 _____</td> <td style="text-align: center;">\$</td> <td>_____</td> </tr> </table> <p>b. List the balance of any stocks, bonds, and securities that you own</p> <p style="text-align: right;">\$ _____</p> <p>c. List the Value of any Motor Vehicle(s)    Model _____ Year _____</p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;"><b>TOTAL ASSETS</b>    \$ _____</p> | a. Amount in Bank Accounts (List institution & balance in all Savings, CD's, Checking, etc.) | \$ |  | Bank 1 _____ | \$ | _____ | Bank 2 _____ | \$ | _____ | Bank 3 _____ | \$ | _____ | Bank 4 _____ | \$ | _____ |
| a. Amount in Bank Accounts (List institution & balance in all Savings, CD's, Checking, etc.) | \$   |  |    |  |              |    |       |              |    |       |              |    |       |              |    |       |
| Bank 1 _____   | \$   | _____  |    |  |              |    |       |              |    |       |              |    |       |              |    |       |
| Bank 2 _____   | \$   | _____  |    |  |              |    |       |              |    |       |              |    |       |              |    |       |
| Bank 3 _____   | \$   | _____  |    |  |              |    |       |              |    |       |              |    |       |              |    |       |
| Bank 4 _____   | \$   | _____  |    |  |              |    |       |              |    |       |              |    |       |              |    |       |

|                         |           |       |                |                       |
|-------------------------|-----------|-------|----------------|-----------------------|
| PLEASE CONTINUE ON BACK |           |       |                |                       |
| FOR ASSESSORS           | APPROVED  | _____ | ASSESSED VALUE | _____                 |
| USE ONLY                | DENIED    | _____ | EXCLUSION      | _____ (150,000) _____ |
| HEARINGDATE             | SIGNATURE | _____ | ASSET OVERAGE  | _____                 |
|                         | DATE      | _____ |                |                       |

|  |  |
|--|--|
| <div style="font-size: 48pt; text-align: center;">D</div> <div style="text-align: center;">SIGN HERE</div> | <p>14. SIGN HERE TO COMPLETE THE APPLICATION - - YOU MUST SIGN THE APPLICATION</p> <p>This application has been prepared and examined by me. Under the pains and penalties of perjury. I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.</p> <p>_____</p> <div style="display: flex; justify-content: space-between;"> <span>Your Signature</span> <span>Date</span> </div> <p>If signed by an agent, attach a copy of written authorization to sign on behalf of the taxpayer</p> |
|  | <p>15. By requesting consideration for exemption, I hereby authorize the City of Springfield Assessors Office to make any and all inquiries to any party regarding any bank account, whether held in my name individually, as a trustee or agent, against which I have the power to draw, whether or not my name appears.</p> <p>_____</p> <div style="display: flex; justify-content: space-between;"> <span>Your Signature</span> <span>Date</span> </div>   |

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

Return this form to:      Assessors Office Springfield City Hall, 36 Court St, Springfield, MA 01103-1698

FISCAL YEAR    **2012**

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